NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: 117481 OLIFF & BERRIDGE, PLC P.O. Box 19928 Date: October 24, 2003 Alexandria, Virginia 22320 Telephone: (703) 836-6400 MAIL STOP PATENT APPLICATION Facsimile: (703) 836-2787 NONPROVISIONAL APPLICATION TRANSMITTAL Customer Number: 25944 **RULE §1.53(b)** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application POWER MODULE AND METHOD FOR PRODUCING THE SAME For (Title): Jun YAMAGUCHI By (Inventors): Formal drawings (Figs. 1-5; 4 sheets) are attached. \boxtimes Use Figure 4 for front page of Publication. A Declaration and Power of Attorney is filed herewith. _ filed This application claims benefit of Provisional Application No. ___ (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to SUMITOMO WIRING SYSTEMS, LTD. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign application No. 2003-036469 filed February 14, 2003 in Japan is claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign application(s) is filed herewith. This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. The filing fee is calculated below: X CLAIMS IN THE APPLICATION AFTER ENTRY OF OTHER THAN A ANY PRELIMINARY AMENDMENT NOTED ABOVE **SMALL ENTITY** SMALL ENTITY RATE FEE FEE OR RATE NO. FILED NO. EXTRA FOR: \$ 770 \$ 385 OR **BASIC FEE** 18 \$ OR S 0* x TOTAL CLAIMS 18 - 20\$ OR 86 43 = \$ х 0* INDEP CLAIMS 2 - 3\$ + 290 \$ <u>OR</u> ☐ MULTIPLE DEPENDENT CLAIMS PRESENTED 145 = * If the difference is less than zero, enter "0". **TOTAL** \$ 770 OR **TOTAL** \$

Check No. 147662 in the amount of \$770.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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